

**YOUTH ADVOCACY DIVISION**  
**Referral for Social Services**

**\*\*Attach Case Opening Booklet, HIPPA Release, and Police Report**

Attorney: \_\_\_\_\_ Date Case Opened: \_\_\_\_\_

Date Referral Made: \_\_\_\_\_

**Identifying Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Sex \_\_\_\_\_ Gender \_\_\_\_\_ Language \_\_\_\_\_ Race \_\_\_\_\_

Address/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Is client in custody, where? \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Language \_\_\_\_\_

Relationship \_\_\_\_\_

**Legal Information**

Charge(s) \_\_\_\_\_ Court \_\_\_\_\_ Next Date \_\_\_\_\_

**Services Requested**

**Reason for Referral:**

\_\_\_\_ Substance Abuse Assessment

\_\_\_\_ After-school program

\_\_\_\_ MR/MH Assessment

\_\_\_\_ Family Intervention

\_\_\_\_ Housing/Shelter

\_\_\_\_ SSI/Welfare

\_\_\_\_ Education Issue/Program

\_\_\_\_ Counseling/Support Groups

\_\_\_\_ Employment/Job Training

\_\_\_\_ Other

Please explain reason for referral \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Psychological Assessment/Report? (Y/N) \_\_\_\_\_

Date Needed \_\_\_\_\_